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Bib Data Sheet

SERIAL NUMBER 09/695,715	FILING OR 371(c) DATE 10/23/2000 RULE	CLASS 455	GROUP ART UNIT 2618	ATTORNEY DOCKET NO. 40593/CAG/B600
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APPLICANTS

Ahmadreza Rofougaran, Marina del Rey, CA;
 Maryam Rofougaran, Marina del Rey, CA;
 Meng-An Pan, Los Angeles, CA;
 Hung-Ming Chien, Los Angeles, CA;
 Shahla Khorram, Los Angeles, CA;
 William T. Colleran, Manhattan Beach, CA;
 Jacob Rael, Los Angeles, CA;
 Masood Syed, Los Angeles, CA;
 Brima Ibrahim, Los Angeles, CA;
 Stephen Wu, Los Angeles, CA;
 Shervin Moloudi, Los Angeles, CA;

**** CONTINUING DATA *******

This application is a CIP of 09/634,552 08/08/2000
 which claims benefit of 60/160,806 10/21/1999
 and claims benefit of 60/163,487 11/04/1999
 and claims benefit of 60/163,398 11/04/1999
 and claims benefit of 60/164,442 11/09/1999
 and claims benefit of 60/164,194 11/09/1999
 and claims benefit of 60/164,314 11/09/1999
 and claims benefit of 60/165,234 11/11/1999
 and claims benefit of 60/165,239 11/11/1999
 and claims benefit of 60/165,356 11/12/1999
 and claims benefit of 60/165,355 11/12/1999
 and claims benefit of 60/172,348 12/16/1999
 and claims benefit of 60/201,335 05/02/2000
 and claims benefit of 60/201,157 05/02/2000
 and claims benefit of 60/201,179 05/02/2000
 and claims benefit of 60/202,997 05/10/2000
 This application 09/695,715
 claims benefit of 60/160,839 10/21/1999
 and claims benefit of 60/163,488 11/04/1999
 and claims benefit of 60/163,780 11/05/1999
 and claims benefit of 60/164,446 11/09/1999
 and claims benefit of 60/164,987 11/11/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 12/15/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
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ADDRESS 23446						
TITLE ADAPTIVE RADIO TRANSCEIVER						
FILING FEE RECEIVED 3774	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div>		